

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004445

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: PIRATE'S ISLAND-DAYTONA BEACH SHORES, INC.

## Current Principal Place of Business:

3420 S. ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32118

## New Principal Place of Business:

## Current Mailing Address:

3420 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32118

## New Mailing Address:

FEI Number: 59-3151803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, SCOTT W  
2261 MAINSAIL COVE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEE, SCOTT W  
Address: PO BOX 420699  
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete  
Name: FISHER JESSE,  
Address: 106 POWELL BILB  
City-St-Zip: WHITEVILL, NC 28472

Title: D ( ) Delete  
Name: HICKS DWAIN R.,  
Address: 1400 OAK CREEK DR., N.W.  
City-St-Zip: NEW PHILADELPHIA, OH

Title: T ( ) Delete  
Name: DEMATTIO, DEAN  
Address: 141 N GATE RD  
City-St-Zip: MYRTLE BEACH, SC

Title: D ( ) Delete  
Name: CONTINI MICHAEL,  
Address: P.O. BOX 492 N/A  
City-St-Zip: NEW PHILADELPHIA, OH 44663

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT LEE

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date